



Dear Friends,

Month after month after month we repeat the observation: research in understanding how people may develop false memories continues its solid move forward, but many who hold the belief in the reliability of recovered "repressed" memories are not convinced. The public, the media, and the courts still have difficulty sorting out what is true. The following is typical of what one sees in the press:

"There is no credible scientific evidence to prove that repressed memories even exist. And yet they keep clearing the way for these kinds of trials which have ruined hundreds, if not thousands, of families." Elizabeth Loftus

"It is very painful to me to have anyone, especially in the mental health community, doubt the existence of repressed memories." David Clohessy

quoted in Barbour, C. Patrick, R. (2006, June 19).

Ruling spurs repressed-memory debate.

St Louis Post-Dispatch, A1

Those comments, in fact, capture the essence of the problem—scientific evidence contrasted with belief and emotion. It's a problem, of course, that extends far beyond the subject of recovered memories. Yet, so much has been learned about memory and false memories in the decade since the professional organizations last visited the debate, one can't help but wonder if it is time for professionals to revisit their recovered-memory statements.

In this newsletter we describe an article by Wright and colleagues (p. 3) who observe that at the time the professional organizations developed their statements, they looked at research studies that were not specifically designed to address the recovered-memory debate. They write that we "now know events can be implanted into a person's autobiography, that some people are more suggestible than others, that particular techniques increase the likelihood memories can be implanted." They state that research has now shown that we should "not take at face value statements like: 'I have not thought about that for years.'" And they ask an important question: "How will history judge us [psychology and psychiatry]?" The authors answer: "What is impor-

tant for the discipline is how it has used science to inform this debate."

Wright and colleagues are British and refer to a study done by the British Psychological Society (BPS) in 1995. The FMSF commented on that study at the time, and those comments are reprinted this month. (p. 4) The comments, perhaps, reveal how the BPS use science in 1995 to inform the debate.

How will history judge the American Psychiatric Association and the American Psychological Association if they do not reexamine recovered memories in the light of the research of the past decade? Professionals have an important opportunity to clear up the confusion that lingers.

Perhaps some comments by Rhea Farberman, the executive director for public communications at the American Psychological Association, best capture the need for that organization to revisit recovered memories. In an article about Harrison Pope's thousand-dollar challenge to find examples of recovered repressed memories prior to 1800, (see May/June 2006 FMSF Newsletter) she stated:

"The consensus, certainly among researchers and probably also among clinicians is that although a memory could conceivably be repressed and then recovered, that would be unlikely; it is far more likely for someone to confidently believe they remember something, even though it never occurred. There's a lot of research to show how that can happen. Memory is very fallible." [1]

But a few days later, Farberman felt that she may have "left readers with a misimpression," and in a letter she wrote:

"I said that the phenomenon of a recovered memory can happen but is unlikely. In actuality, the position of the American Psychological Association is that it is possible for memories of abuse that have been forgotten for a long time to be remembered. I also used the word 'skeptical' in describing

In this issue...

Legal Corner.....	6
From Our Readers	10
Bulletin Board	14

the attitude of the mental health community toward the concept of repressed memories. A better description would have been the community's cautious but supportive attitude when dealing with a person who has a new memory of something long forgotten. [2]

It's unfortunate that a spokesperson for the American Psychological Association needed to back-peddle because that organization's statement about recovered memories is out of date.

Perhaps the courts will eliminate the confusion about recovered memories for the professional organizations. Courts have been slowly coming to grips with the problems of the reliability of recovered memories, but the steps have been state by state. While most move forward, some seem oblivious to science. For example, the Missouri Supreme Court has potentially opened the door for repressed memory cases in that state. [3] (p. 8) In one of many clergy cases pending in Missouri, the court decided that the statute of limitations may be tolled if a person did not know of the abuse or its harm at the time the statute would normally apply. Although this in no way prevents scientific evidence from being used at trial, it also means that vast legal and financial resources will be usurped from cases involving children in the here-and-now. It means that claiming "repressed memories" will be a way in which an old case may receive a hearing in court. The Missouri standard is now similar to that in Ohio. The Ohio Supreme Court ruled in May that a person could not bring a lawsuit against the Catholic Church for childhood abuse principally because he did not allege that he had repressed his memory. [4] It's not surprising that claims of recovered repressed memories cluster in certain states.

At the same time, but in a different legal category, a third-party lawsuit against some therapists and a hospital for recovered-memory practices is proceeding in Wisconsin. [5] One problem with bringing third-party lawsuits has always been access to therapy records. The Wisconsin case has been in the courts for more than a decade and resulted in Wisconsin Supreme Court decisions. Now a judge will be reading the therapy records *in camera* (privately), and the judge will decide if those records contain evidence of harmful practices. In the event that the judge finds such evidence, he will provide the plaintiffs with just those records that would enable the case against the therapists to proceed. Or the case could end at this point. Almost certainly, it has been the lawsuits brought by former patients and their families against the therapists who caused harm that have resulted in pushing the law in new directions and in fewer new families contacting the Foundation.

As of this writing, an air date for the CBS remake of *Sybil* has not been announced. The release of the 30th Anniversary Edition of the original movie, is scheduled for

release in mid-July. Unless Warner Brothers and CBS provide information that the *Sybil* story is highly fictionalized, the confusion about recovered memories is likely to increase. FMSF Newsletter readers may want to sharpen their pencils in preparation.

In the office, we now receive at least three times as many new contacts through the internet as we do by telephone. Indeed, most of the people who do phone have already visited the website. It is only sensible that the future work of the Foundation be done increasingly on the internet. As we have written in the past, we plan to distribute the newsletter primarily in electronic version starting in 2007. For those who like to have the newsletter in hand, it can easily be printed in a form that is exactly like the printed version you have been getting.

We understand, however, that some newsletter readers just don't have access to the internet. Toward the end of summer, we will be mailing our annual fund raising letter. It will be sent several weeks earlier than in the past in order to make needed changes in our records. In it we will inquire if you are able to receive the newsletter electronically. We will request updated email addresses. And we will make a special list of people who are unable to use the internet to get the newsletter. For those people, we can print out the newsletter in the office and mail it first class. There will, however, be only four newsletter mailings in 2007, even if there are more frequent electronic editions.

Best wishes for an enjoyable summer.

1. Goldberg, C. (2006, June 12). Debate over repressed memories heats up with \$1,000 challenge. *Boston Globe*, C1.
2. Farberman R. (2006, June 20). Letter: Revised points on repressed memory. *Boston Globe*, A10.
3. Powell vs. Chaminade College No. SC86875. Supreme Court of Missouri, June 13, 2006, Filed. 2006 Mo. LEXIS 76.
4. Doe, Appellee vs. Archdiocese of Cincinnati et al., Nos. 205-0702 and 205-0734, Supreme Court of Ohio, 2006 Ohio 2625; 2006 Ohio LEXIS 1565, Decided May 31, 2006.
5. Johnson vs. Rogers Memorial Hospital, No. 96-CV-1228, Wisc. Cir. Ct., Memorandum decision and order, June 14, 2006.

Pamela



"If memory were a faithful register only of things actually heard and seen, then the record of any event would be a mosaic of scattered fragments (many ill-defined and with broken edges, some with their relative positions not clearly fixed) and the whole would be interspersed with deplorable missing parts.

However, what our memory presents to us is a compact and finished picture, with smooth, unbroken surface, in which the ragged edges have been trimmed, the ill-preserved fragments dropped out, and the missing parts filled up. . . . It is this thing of shreds and patches that is presented by lovers of the marvelous.".

Frank Podmore. *Modern spiritualism*.
London: Methuen, 1902. Vol 2, p. 211.

Anatomy of A Prosecution Gone Awry

David Milgaard spent 23 years behind bars for a murder that he did not commit. What is unusual about this case is not the injustice that was done. There are now more than a hundred examples of people who have been wrongly convicted and later exonerated with DNA evidence. What is unusual about this particular injustice is that the government of Saskatchewan has held a hearing to learn what went wrong with the justice system. The government has committed millions for the project. The *Star Phoenix* of Saskatoon has reported on the now 18-month-long hearing.

The results of the hearings remain to be seen, but the examination of the case is fascinating in both human and investigative terms. In May, for example, we learned about the discovery of a police file that outlined the police theory of how Milgaard committed the crime. The file included a description of the things witnesses had observed. That file, however, had been written before the witnesses had ever said anything about those things. The witnesses did subsequently include all of the information that was in the file in their testimony. According to an attorney for Milgaard, it was highly likely that the file served as a script that the police used. It could indeed, knowingly or unknowingly, have wrongly influenced witnesses to say what the police wanted or expected them to say. The file had not been available at the time of Milgaard's trial.

When the inquiry into David Milgaard's case is concluded, will there be recommendations that affect how future investigations are conducted in Saskatchewan? Will the results of this extensive investigation spur other governments to do the same?

Adam, B.A. (2006, May 19). Top court hearing sparked flurry of activity. *Star Phoenix* (Saskatoon, Saskatchewan), A11.



Much Has Been Learned About Recovered Memories Since 1995

Wright, D.B., Ost, J., French, C.C. (2006, June). False memories. *The Psychologist*, 19(6), 352-355.

In 1995, the British Psychological Society published a report [1,2] on recovered memories based on a survey of its members [3] and a review of the scientific literature. They concluded, among other things, that "while there is a great deal of evidence for incorrect memories, there is currently much less evidence on the creating of false memories," and that "there are high levels of belief in the essential accuracy of recovered memories of child sexual abuse among qualified psychologists."

The authors of the current article note that the scientific evidence at the time was "based on studies that were not specifically designed to address the recovered memory debate," and they look at how evidence has developed since that report. They write that we "now know events can be implanted into a person's autobiography, that some people are more suggestible than others, that particular techniques increase the likelihood memories can be implanted." They write that research has now shown that we should "not take at face value statements like: 'I have not thought about that for years.'"

Wright et al. caution that the debate about recovered memories should not be used to deny other research showing that "children often do not disclose abuse unless specifically asked." They summarize:

- What appear to be newly remembered (i.e. recovered) memories of past trauma are sometimes accurate, sometimes inaccurate, and sometimes a mixture of accuracy and inaccuracy;
- That much of what is recalled cannot be confirmed or disconfirmed;
- That, because of these two beliefs, reports of past trauma based on such recovered memories are not reliable enough to be the sole basis for legal

decisions.

And they ask, "How will history judge us?" The authors answer "What is important for the discipline is how it has used science to inform this debate."

1. Andrews, B., Bekerian, D., Brewin, C. et al. (1995). Recovered memories: The report of the working party of the British Psychological Society. In K. Pezdek & W.P. Banks (Eds.) *The recovered memory/false memory debate* (pp. 373-392). San Diego, CA: Academic Press. See Executive Summary in FMSF Newsletter 4(2).

2. Commenting on the 1995 report: "One welcomed the decision of the BPS to set up a Working Party to report on the widely debated question of 'Recovered Memories.' Indeed, given the deep clinical and social importance of the question it was prudent for it to do so. In the event, unfortunately, the Report of the Working Party is deeply disappointing and, at its most crucial junctures, is badly flawed. It has helpfully issued a short list of some sensible guidelines for therapists. But its 'preliminary survey' of BPS accredited therapists, itself incompletely reported, and its analysis of the problem and its treatment of evidence will do little to redress anxieties that have been widely expressed about particular clinical practices.

Professor L. Weiskrantz , Emeritus Professor of Psychology , University of Oxford

3. Andrews, B., Morton., J., Bekerian, D.A., et al. (1995). The recovery of memories in clinical practice: Experiences and beliefs of British Psychological Society practitioners," *The Psychologist*, 8, 209-214. See Sidebar p. 4.



What Causes Multiple Personality Disorder?

For years, some American trauma specialists have claimed that Multiple Personality Disorder is caused by child abuse—in spite of the fact that there is no solid scientific evidence to support that claim. In March 2006, another theory was offered by Bert de Wildt of the Medical University of Hanover in Germany.^[1] Dr. De Wildt said that he had an example of a female patient who had played internet roleplaying games for several hours a day for more than three years. "During that time the invented characters gradually took control over the personality which had been neglected. The patient lost control of her own identity and social life," he said. During psychoanalysis, therapists discovered that she had developed multiple personalities.

1. Internet roleplaying games can cause multiple personality disorder. (2006, March 13). Deutsch Presse-Agentur. Retrieved March 14, 2006.

Report of British Psychological Society 1995 Survey (Reprinted from *FMSF Newsletter*, 4 (7))

The British Psychological Society (BPS) conducted a survey of its membership in conjunction with its report, "Recovered Memories: Report of the Working Party of the BPS" issued in January, 1995. The survey, "BPS Questionnaire on Memories of Early Sexual Abuse," was sent to all 4005 clinical members of the BPS in February, 1994. There were 1083 returns and the results were based on 810 members who indicated they had clients claiming child sexual abuse. The results of that survey have only recently been published (Andrews, B., Morton, J., Bekerian, D.A., et al. (1995). The recovery of memories in clinical practice: Experiences and beliefs of British Psychological Society practitioners," *The Psychologist*, 8, 209-214.)

#14 To what extent do you think that recovered memories of CSA [childhood sexual abuse] events from total amnesia can be taken as essentially accurate?

never 3%, sometimes 53%, usually 38%, always 6%

#17 To what extent do you think that clients' reports of having experienced satanic ritual abuse can be taken as essentially accurate?

never 3%, sometimes 54%, usually 38%, always 5%

But the really bad news is the way that the BPS Working Party chose to treat this information in its January report. Question #14 led to the following remarkable conclusion (page 29):

•"There are high levels of belief in the essential accuracy of recovered memories of child sexual abuse among qualified psychologists. These beliefs appear to be fuelled by high levels of experience of recovered memories both for CSA and for non-CSA traumatic events. The non-doctrinaire nature of these beliefs is indicated by the high level of acceptance of the possibility of false memories."

One would naturally expect a similar conclusion based on #17, about high levels of belief in the essential accuracy of recovered memories of satanic ritual abuse. There was no such paragraph. Indeed, the January report made no mention at all of the extent of belief in satanic ritual abuse. The distribution of responses to #17 were not mentioned. The very existence of the survey question itself was not mentioned.

Actually there's even more. Two other results from the survey (page 211):

5 Do you ever use hypnotic regression to uncover traumatic memories?

y = 10%

9 Of these [clients who had reported history of child sexual abuse], have any experienced remembering CSA from total amnesia — i.e. no conscious knowledge of the occurrence of the event while in therapy with you?

y = 23%

How were these results reported five months earlier in the report? They were not reported. Instead, the BPS Working Party stated in its Executive summary of the report (page 3):

• ..."There is no reliable evidence at present that this is a widespread phenomenon in the UK".

(The members of the BPS Working Party are listed as: Bernice Andrews, John Morton, Debra A. Bekerian, Chris R. Brewin, Graham M. Davies, and Phil Mollon.)



IF RECOVERED MEMORIES ARE FODDER FOR SATIRE, THE SITUATION MUST BE GETTING BETTER.

Repressed-Memory Therapist Recovers *Rockford Files* Episode

(A Retelling. For original story see <http://www.theonion.com/content/node/31044>)

According to a June 8, 2005 article in the online publication *The Onion*, [1] Iowa therapist Brian Marnard helped his patient Joan Spees, a 37-year-old farm-equipment sales consultant, recover an entire *Rockford Files* episode. "from the darkest reaches of her subconscious mind."

"Joan, who had suffered from seemingly inexplicable anxiety attacks her entire adult life, was the perfect candidate for repressed-memory therapy," Marnard said. "Under my care, she began recovering vivid memory flashes from what seemed to be a single, distinct episode from her past." But Joan could not see the relationship between the fragments.

Although Spees said that the flashbacks did not really disrupt her personal life, Marnard was concerned about what the memories might signify.

Marnard noted that "Repressed memories, which are stored outside the awareness of the conscious mind, can usually be traced back to a traumatic event." Marnard was concerned that Joan might have been a victim of childhood sexual abuse. If that were the case, it was important to excavate the memories and confront them.

Marnard began "an exhaustive, expensive course of drug-mediated interviews, hypnosis, regression therapy, and literal dream interpretation."

It took a long time for him to get the story. He knew he was close to the climax when during regression she said "...What you gotta do is just keep laughing." Then she paused and said "Later tonight on NBC."

Immediately after the breakthrough, the patient discontinued her sessions and refused to pay her bill. She called Marnard a "Quack." Marnard thinks Joan should return to therapy. He said that "Joan can run from her problems all she wants," but not all of her recurring memories have been explained.

1. (2005, June 8). Repressed-memory therapist recovers *Rockford Files* Episode. *The Onion*, 41(23). *The Onion* is a satirical on-line publication.



Aaron Beck Receives Adolf Meyer Award

We are pleased to note that Aaron T. Beck, M.D., a member of the FMSF Scientific Advisory Board, has received the 2006 Adolf Meyer Award, the American Psychiatric Association's most prestigious award. Dr. Beck is, perhaps, best known for his development and evaluation of the cognitive behavioral approach in psychotherapy.



Recovered or Discovered Memories?

The notion that people commonly cope with child sexual abuse by repressing the memories of terrible events is central to the popular beliefs that have fueled the recovered memory phenomenon. Many therapists and patients are absolutely sure that they have seen the recovery of memories during therapy. How do researchers sort out whether that is what actually happened?

Cognitive psychologists have approached the question by devising experiments that can compare the ways in which different groups of people process certain types of information. They look at groups of people who believe that they are harboring repressed memories, who have recovered memories, or who have always remembered their abuse.

Last month we received a copy of a Ph.D. dissertation by Elke Geraerts, who was inspired by the work of Harvard's Susan Clancy and Richard McNally that has often been reported in this newsletter.^[1] Geraerts studied with memory researchers in the Experimental Psychology Department at Maastricht University in the Netherlands, including Harald Merckelbach.

We have space in this newsletter only to touch upon her work, but the studies will soon be available in at least eight published papers. In the meantime, anyone who would like

more information can contact the author at:

E.Geraerts@Psychology.Unimaas.nl

Geraerts sensitively explains how her studies show that there are two types of recovered memory experiences. "In one type, people realize that they are abuse survivors, commonly attributing current life difficulties to these repressed memories of abuse. Here, abuse events are mostly gradually recalled over time, often by suggestions of a therapist. In the other type of recovered memory experience, people are suddenly reminded of events that they had not thought about in many years. They are shocked and surprised at their recollection but not at the content of the memory as such."

In a series of experiments the author shows that repression is not needed as an explanation for either experience. She explains how people might develop a false impression of amnesia in either experience.

We will be hearing more about this research in the near future.

1. Remembrance of things past: The cognitive psychology of remembering and forgetting trauma.



"The repression (or suppression) of trauma appears to be a clinical myth in search of scientific support."

Kihlstrom, J.F. (2002). No need for repression. *Trends in Cognitive Sciences*, 6, 502.

"The notion that traumatic events can be repressed and later recovered is the most pernicious bit of folklore ever to infect psychology and psychiatry. It has provided the theoretical basis for "recovered memory therapy" -- the worst catastrophe to befall the mental health field since the lobotomy era.:

Richard McNally (2005, June 3).

Amicus Curiae Letter submitted to California Supreme Court in support of Elizabeth Loftus. The complete letter may be read at: <http://www.religioustolerance.org/rmtmcnally.htm>

No Shortage of Belief in Recovered Memories

There is no shortage of evidence that some people continue to believe in recovered memories. The examples below crossed our desk in the past few days.

General Healing Tools for Sexual Abuse/Ritual Abuse Survivors;

Grief Work; Anger Work; Bodywork Confrontation and Separation; Forgiveness; Healing from PTSD Reparenting and Learning to Love; One's Inner Child/Parts; Triggers. MV (2006, April). General healing tools for sexual abuse/ritual abuse survivors.

Many Voices XVIII (2), 4. (Many Voices still thanks Del Amo Hospital (Torrance, CA); River Oaks Hospital (New Orleans, LA); Sheppard Pratt Health System (Baltimore, MD); Timberlawn Mental Health System (Dallas, TX); Two Rivers Psychiatric Hospital (Kansas City, MO); and Women's Institute for Incorporation Therapy (Hollywood, FL)).

Memories in Cells

"The third step of the therapy involved yoga-type exercises, aimed at releasing the trauma memory contained in the body's cells."

Zdeb, C. (2006, June 22). Waiting to exhale: Breathing exercises release the self-healing process, says therapist. *The Calgary Herald*, C1.

Memories in Tumors

"Within the tumor, she says, was an old unresolved memory of childhood abuse she was sure she'd already dealt with. Once finally resolved and forgiven, and the lesson the tumor had been sent to teach her had been learned, her body went about the natural process of healing on its own."

Hooper, N. describing the cancer recovery of Brandon Bays. Quoted in Consumer Health. (2006, June 20). Bays book offers guide to emotional freedom. *Irish Times*, 4.

Uncharted Ground in 3rd -Party Case: Wisconsin Judge Orders that Medical Records Be Submitted to Court for an *In Camera* Review ^[1]

Johnson vs. Rogers Memorial Hospital

Case No. 96-CV-1228

Wisconsin Circuit Court, Memorandum decision and order, June 14, 2006. ^[2]

On June 14, 2006, Wisconsin Circuit Court Judge Daniel R. Moeser ordered that Rogers Memorial Hospital, psychotherapist Kay Phillips, and doctors Jeff Hollowell and Tim Reisenauer give him the therapy records of the daughter of Charles and Karen Johnson. He will examine those records privately (*in camera*) and determine if any of those records can be released to the Johnsons.

In 1996, the Johnsons filed claims of malpractice and negligence against various therapists and Rogers Memorial Hospital for the treatment of their daughter. The Johnsons brought the lawsuit after their daughter claimed to have recovered memories of childhood abuse, cut off contact, and had her lawyer send a letter stating that she would sue them unless they agreed to pay one million dollars. The case has been in the courts for a decade as the issue of access to patient records has been argued. ^[3] Without therapy records, there is no way to determine with certainty that the treatment was negligent. The daughter and therapists would not release the records.

In July 2005, the Wisconsin Supreme Court in a split decision ruled that a judge could decide if the Johnsons' daughter's therapy records should be made available to the parents over her and her therapists' objections. The 2005 ruling stated that the Johnsons could explain to a judge why the victim's records are relevant. If the judge is persuaded by their arguments, he could then review the records *in camera*, and provide to the plaintiffs those sections that he deems to contain relevant information. The parents might get many records or none depending on the evaluation of the judge.

Judge Moeser's decision explains that he evaluated the arguments of the plaintiffs and the defendants and decided that the Johnsons had made a convincing case that the judge should evaluate the therapy records.

The Johnsons argued that their investigations showed that the therapists had not properly explained to their daughter the possibility of developing false memories. They argued that without records they could not determine whether such a discussion took place. They also argued that their daughter had been treated with hypnosis or something

similar, based on the testimony of one of their daughter's friends to whom she had told this fact. Only the records could confirm this. Finally, the Johnsons argued that the therapists failed to gather information from collateral sources (such as her siblings, parents, or friends) to ensure the accuracy of her memories and thus the appropriateness of their treatment.

To our knowledge, this is the first time that such a decision has been made in a suit brought by parents against the doctors and institution that treated their daughter or son.

1. Johnson v. Rogers Memorial Hosp., Inc., 283 Wis.2d 384, 700 N.W.2d 27 (2005).

2. The Memorandum will be available in the Legal section at: <http://www.FMSFonline.org>.

3. See *FMSF Newsletter*, 14(5) Legal Corner for a review of this case.



Ohio Jury Convicts Father Robinson in 1980 Murder of Nun

State v. Robinson, Case No. 2004 1915, Court of Common Pleas, Lucas County Ohio

After six hours of deliberation, an Ohio jury found Father Gerald Robinson guilty of brutally murdering 71-year-old Sister Margaret Ann Pahl on the day before Easter in 1980 in a chapel. Although Father Robinson had been considered one of the suspects in the 1980 investigation, there had never been enough evidence to bring charges against anyone at that time. The cold case was reopened in 2004 when a woman claimed that she had recovered memories of ritual abuse by priests, including Father Robinson. The Survivors Network of Those Abused by Priests helped the woman reopen the case.

The trial garnered international media attention and was shown on Court TV. Not only was the accusation of a priest murdering a nun unprecedented, the charges also included ritual cult activity.

The prosecution decided not to focus on the satanic cult aspects of the accusations against 68-year-old Robinson. Instead they tried Robinson on a straight murder charge. Prosecutor Dean Mandros told the jury: "Was this part of some ritual black mass? No, I'm sorry to disappoint you." He went on to say that it was a rage killing, the common scenario of a man getting very angry at a woman. ^[1] Prosecutors argued that Father Robinson had been angry because Sister Pahl had complained about the way he conducted a Good Friday service the night before the killing. They said that Robinson considered the victim domineering. Prosecutors said that a letter opener belonging to Robinson was the murder weapon and they had witnesses that placed him near the murder scene at the time. The prosecution claimed that the original investigation has been compromised because the Church had interfered.

The defense argued that the police botched the original investigation and that 24 years later they had rushed to arrest Robinson because of media attention. The defense noted that many of the original witnesses were dead and many original documents were missing. DNA evidence excluded him. No one saw him do it. The defense noted that no one could say for certain that the letter opener had been the weapon and that scissors could as easily been used.

Robinson's defense appeared to be weakened, however, because he gave two stories about what he was doing when the body was found, he denied he had keys to the chapel when, in fact, he did, and he claimed that he heard the confession of the real killer but later recanted that story.

Father Robinson was sentenced to 15 years to life in prison. His attorneys have stated that they will file an appeal in this case. However, his legal problems are not over. The woman who originally brought the charges to attention has filed a civil suit against Father Robinson and also the Toledo Catholic Diocese. The Toledo diocese refused to pay any of Robinson's legal expenses. These were paid by some former parishioners who banded together to support him.

According to newspaper reports, the "civil suit alleges that between 1968 and 1975, starting when Jane Doe was 5 and continuing through age 13, Robinson and others forced her to perform sexual acts and made her drink animal blood, 'chanted satanic verses,' and drew an upside down cross on her stomach in rituals held in the basement of St. Adalbert Catholic Church and in unspecified wooded areas."^[2]

Comments about the criminal trial have noted the very great change in attitude toward the clergy since the original crime. For example, according to James Davidson, a Purdue University sociologist, it would have

been difficult to convict Robinson in 1980. Since that time people no longer view priests as being holier than themselves or better human beings than themselves. The current climate made a conviction possible.^[3]

One effect of the trial may be increased interest in satanic ritual abuse. For example, retired psychologist Wanda Karriker wrote that because she spent her career working with ritual abuse survivors, she was interviewed by Lisa Bloom and Vinnie Politan and asked to tell viewers how survivors get over ritual abuse. Karriker wrote that she was able to reach millions of viewers.^[4]

1. Ewinger, J. (2006, May 11). Jurors sort out two accounts of nun's killing. *Plain Dealer*, B2.
2. Yonke, D. (2006, May 14). Convicted priest's legal woes aren't over: Civil lawsuit accuses cleric of rape and torture from '68 to '75. *The Blade*.
3. Seewer, J. (2006, May 15). View of priests has changed since nun's murder in 1980. Associated Press State & Local Wire.
4. Karriker, W. (2006, May 16). Letter. *The Blade*.



Ryan Ferguson Found Guilty of Murder Based on Recovered Memories

State vs. Ferguson No 165368-01, Boone County, MO Circuit Court

Ryan Ferguson, 21, was found guilty of second degree murder and first-degree robbery on October 21, 2005 in Boone County, Missouri. The evidence was based on the recovered memories of his friend Craig Erickson.

What is known for certain is that Columbia, Missouri *Daily Tribune* journalist Kent Heitholt was brutally murdered on November 1, 2001. What is less clear to those familiar with the problems with the reliability of recovered memories, is that Ryan Ferguson was one of the murderers.

On the evening in question, 17-year-old high school juniors Ryan Ferguson and Craig Erickson, friends since junior high school, were partici-

pating in a Halloween party at a bar in Columbia. After that, events are confusing. A witness said that he saw a commotion near the victim's car but could not make a detailed description at the time. No arrests were made.

The event that sparked the arrests of Ryan Ferguson and Craig Erickson was a tip to the police in January 2004 saying that someone was talking and telling his friends that he had been involved in the crime. The origin of this, according to Ferguson testimony, was that Erickson confronted him at a New Year's Eve party on Dec 31, 2003 with concerns that the two of them had killed the victim. Ferguson said that Craig told him he had a dream about it.

Craig Erickson confessed to the police. Erickson said that he had recovered repressed memories, and he pleaded guilty to second-degree murder in exchange for his testimony against Ferguson. Ferguson was arrested in March, 2004 in Kansas City where he was attending college. Ferguson's trial ended in October 2005 when he was found guilty and sentenced to 40 years. Craig Erickson was sentenced to 25 years.

The story seems straightforward, if a bit strange, until one examines the tapes of the interrogation of Craig Erickson. Erickson seemed to know nothing about the details of the crime until the interrogator fed them to him. See the following examples:

Example 1

Man: How many times do you think you hit him all together?

Erickson: Just the once.

Man: Just once? Well, the only problem is—the only problem with that is I know he was hit more than once..

Example 2. Investigators had to point out where the crime took place.

Man: Is it possible that you know what he was strangled with and you just didn't want to tell me? Because I know.

Erickson: No, like, I think it was a shirt or something.

Man: Well, I know it wasn't a shirt.

Erickson: Like, maybe a bungee cord or—I don't—some thing from his car. I don't see why he'd have a rope in his car.

Man: Well, we know for a fact that his belt was ripped off of his pants and he was strangled with his belt.

Erickson: Really?

Man: Does that ring a bell?

Erickson: Not at all.

By the time of the trial, Erickson had all the details of the crime. Elizabeth Loftus was an expert for the defense and pointed out instances where the police told Erickson the details of the murder. She testified that Craig was an impressionable young man who read about the murder, then dreamt about it, and then all the details came from the police. When one of the jurors was asked if that made sense he replied "Not in my mind. Just common sense. What was the reason he would make something up like that?" (48 Hours)

Given the sort of doubt that these and many other examples from the interrogation raise, it seems puzzling that Ryan Ferguson was convicted. Perhaps the jury could not understand why Craig Erickson might be willing to say he murdered someone and take 25 years in prison, if he did not do it. Although the tapes of the interrogation were shown during the trial, perhaps the particular suggestive processes were not adequately explained. Perhaps the inconsistencies were not clearly mapped by the defense. Most people are not as familiar with these processes as are newsletter readers.

Attorneys for Ryan Ferguson were Kathryn Benson, Charles Rogers and Jeremy Weiss. Prosecuting Attorney was Kevin Crane. Boone County Circuit Judge Ellen Roper presided.

On December 5, 2005, the judge

denied request for new trial. Ryan Ferguson is appealing the decision. Zagier, A.S. (2005, October 20). Defendant testifies in trial of slain sports editor. Associated Press State & Local Wire. Dream killer; Ryan Ferguson accused of killing Kent Heitholt. (2006, February 18). 48 Hours, CBS News Transcripts.

For more information see:
<http://www.showmenews.com/Heitholt/>
and www.Freeryanferguson@aol.com.



Missouri Supreme Court Rules Deadline for Filing Lawsuit Is Not Triggered Until Victim Realizes the Damage

Powel vs. Chaminade College No. SC86875. Supreme Court of Missouri, June 13, 2006, Filed. 2006 Mo. LEXIS 76

In a 6—1 decision, the Missouri Supreme Court has potentially opened the door to repressed memory cases. On June 14, 2006, the court ruled that Michael Powel may proceed with his lawsuit against Chaminade College Preparatory School for alleged abuse 30 years ago. Until now, Missouri courts have held the statute that required filing claims of childhood sexual abuse within five years of turning 21, or by age 31, depending on the law in effect at the time of the alleged abuse.

Powel filed suit in 2002 against the school, the order that runs the school, former Archbishop Justin Rigali, and two faculty members. He accused the teachers of molesting him when he was 15 to 17 years old. Rigali was later dropped from the suit. Powel claimed he had repressed the memory of the abuse until 2000 when he was undergoing treatment for a brain tumor. In 2004, a circuit court judge dismissed his claims saying he had filed too late. The judge found that Powel was capable of realizing damage from the abuse that had supposedly occurred. Powel appealed, and a three-judge panel of the Missouri Court of Appeals transferred the case to the state Supreme Court, saying it would not follow a

2000 decision of the Appeal Court.

The Missouri Supreme Court found that awareness of abuse and recognition of the harm that it had caused is independent of whether the memories of abuse had been suppressed. The decision stated that: "It is not appropriate for this court to make credibility determinations on summary judgment....Further, it is premature to determine whether Michael can meet this standard."

In a separate but concurring opinion, Chief Justice Michael Wolff wrote that "Whether Powel repressed his memory is irrelevant because his injuries were capable of ascertainment when the abuses occurred... Powel in his affidavit says he repressed memory of the alleged sexual abuse, but Powel also testified in his deposition that he always remembered the alleged abuse." Wolff thought the lawsuit should continue but wondered whether the case would continue once both sides completed the discovery process.

Gerard Noce, an attorney who helped represent Chaminade said that "The statute of limitations is still in place. There's not a new standard in place that says a person can know something, then 'repress' it, then know it later." He thought that repressed-memory claims brought by people citing a younger age at the time of abuse might be more credible to the courts.

Drew Baebler, a lawyer who helped with Powel's lawsuit noted that every case involving repressed memories would have to be reevaluated.

Patrick, R (2006, June 14). Repressed memory abuse suits supported. *St. Louis Post-Dispatch*, A1.

Barbour, C. Patrick, R. (2006, June 19). Ruling spurs repressed-memory debate. *St. Louis Post-Dispatch*, A1.



"... more is known than has been used intelligently."

Miller, G. A. (1969). Psychology as a means of promoting human welfare. *American Psychologist*, 24, 1063 - 1075.

The chart below is from the Introduction to the 1999 edition of *The Secret Trauma: Incest in the Lives of Girls and Women*, by Diana E. H. Russell (1996, 1999). New York: Basic Books

Table I-1: Contrasting Characteristics of Retrieved, Then Retracted, Memories versus Continuous Memories of Incestuous Abuse ^[a]

Retrieved, Then Retracted, Memories

1. Fathers are typically the first to be singled out as perpetrators by female clients or by their therapists.
2. In one study of retrieved memory cases, biological fathers were accused of sexual abuse in 50 percent of the cases, whereas only 3 percent involved stepfathers.^[b]
3. Mothers are typically named as co-perpetrators or collaborators with the father.
4. The sexual abuse is frequently described as “rape.”
5. The sexual abuse is never a single incident.
6. The sexual abuse typically occurs frequently and over long durations.
7. Incestuous abuse is frequently remembered as starting at very young, preverbal ages.
8. The sexual assaults almost always involve multiple perpetrators.
9. Significantly more females are accused of perpetrating sexual abuse in retracted cases. The sexual assaults almost always involve multiple perpetrators.
10. Many of these women come to believe that they were victims of satanic ritual abuse.
11. Many of these women become decidedly more disturbed and unhappy during therapy than when they entered therapy, not infrequently attempting suicide and/or requiring hospitalization.
12. Many of these women fluctuate between believing and not believing their “memories” during the course of their therapy.
13. Recovered memories tend to be “built up over time... with more being added at each attempt at recall, often becoming increasingly elaborate and bizarre.^[e]
14. Most of the accusations based on recovered memories have been made since 1990.^[f]
15. Many of these women confront their perpetrators, then sever all ties with them.
16. A small minority of these women develop multiple personalities (MPD) during the course of treatment, or are perceived to suffer from MPD by their therapists.
17. Hypnosis, relaxation states, drugs, regression techniques, and dream analysis are often used by the therapists of these women to try to retrieve more memories of child sexual abuse.

Continuous Memories

1. Only 4.5 percent of the incest perpetrators in Russell’s study were fathers, while 12 percent were other relatives.
2. In Russell’s study, stepfathers greatly predominated over biological fathers as perpetrators of incestuous abuse.
3. Maternal incest perpetrators are extremely rare; many mothers are not aware of the abuse by their husbands; and some mothers confront or leave their husbands if they know about the abuse. ^[c]
4. Only 9 percent of the incestuous abuse experiences in Russell’s study involved completed rape (i.e. penile/vaginal penetration).
5. Forty-three percent of the incest survivors in Russell’s study were incestuously abused only once by their perpetrators.
6. Only 10 percent of the incestuous abuse in Russell’s study occurred more than 20 times, and only 6 percent occurred over more than 10 years.
7. Memory experts typically claim that children below the age of four are not capable of remembering. ^[d] In Russell’s study, only 11 percent were below the age of 5 when they were abused, and the mean age was 11-15 years.
8. Only 3 percent of the incest survivors in Russell’s study were abused by more than one relative.
9. In Russell’s study, women comprised only 5 percent of the perpetrators of child abuse, and only 4 percent of incestuous abuse.
10. No case of ritual abuse was disclosed in Russell’s study.
11. Therapy typically ends neutrally or positively for clients.
12. These kind of fluctuations were not apparent in Russell’s study.
13. Very few of the cases in Russell’s study were elaborate or bizarre.
14. No comparative data are available
15. No comparative data are available
16. None of the incest survivors in Russell’s study described suffering from MPD.
17. None of these techniques were mentioned in Russell’s study. Indeed, therapy was only rarely mentioned. This is not surprising since it was a community sample.

a Main source: Russell 1986

b Gudjonsson: 1997a, 1997b

c Faller 1988

d Brandon et al. 1998

e Brandon et al. 1998, p.304

f Gudjonsson 1997b

Breakthrough after 7 years!

Last Saturday, my husband and I traveled 5 hours to the coast where our daughter lives. My husband stayed at a hotel while I went to my daughter's home. Even though our counselor didn't advise this because of the violation of her boundaries, I felt I had nothing to lose. After 4 times of ringing the doorbell, I laid my gift on the doorstep and started to walk back to the car. When my daughter realized it was me, she graciously and unexpectedly invited me to come in. My tears flowed as I thanked her for inviting me into her home.

I spent the afternoon visiting with my precious daughter and her husband. It was a bitter/sweet time with an emphasis on the "sweet".

They told me they have prayed for us to be healed, to stop living in denial and to get our memories of when we abused her so that our family can be together again. Until we admit what we did, she said she cannot be part of our family. She had been through deliverance-type counseling by an unlicensed person who was part of a very basic, fundamental Christian church. Her memories of horrific things done to her by us are very real.

They want to meet with us again to get some answers to some tough questions. We know the door has cracked open.

In looking back, we have spent the last 7 years writing newsy letters and cards, sending many gifts and also sending some photos of others. Most of all, though, we have been on our knees praying and looking up every Scripture promise we could find to claim as our own! Here, we found direction and strength as we learned God's will for our devastated family. Yes, we worked through grief just as anyone would who had lost a child. There were many

lonely holidays.

I truly didn't know that I would ever be able to write a "breakthrough" letter. We were in for the long haul—whatever that would mean. We don't know the timetable of what lies ahead, but I do know that seeing my daughter doing so well has lifted a weight from my shoulders and put a new joy in my heart.

A Grateful Mom

Thank You for Your Support

To My Pastor: You will never know the joy that came to our hearts today when you called and said our son had spoken with you. My wife and I were having lunch at a local restaurant when your call came. We make it a practice of being available to answer the phone 24 hours a day, 365 days a year. We started this after our son left us 12 years ago. In the unlikely event we might get a call during the church hour, it is on a buzzer.

Our hearts were gladdened and lifted when our son wrote to us in January and advised us that he was now living in a nearby state and wanted to drive down and visit with us. We were so excited we could hardly scratch a letter to him to get in the evening's mail. A few days later, we got an email from him asking about a particular date.

Do you see the picture? We had not seen him in nearly 12 years, had never met his wife and could not imagine what he would look like after 12 years. We spent a delightful four hours with him and his wife and then they returned home. Before he left, he added that he felt that we had a lot to go over with him and truer words were never spoken. He is expected back in two months at which time we will hope to go over what happened. Those who have been through this tell me to let our son make the first move and just listen and be ready to respond. This will be difficult for me, but we are so

far ahead of where we were beginning to think we would ever be, I am going to take that advice from people who have gone through this before us.

My wife joins me in expressing our heartfelt gratitude for your call and your pledge to continue to pray for us. We are so humble and grateful for the friends who have stood by us in this horrible event that came so late in life.

A Happy Dad

The Therapist's Invitation

You've been depressed? Don't have it all together? Well come along. I've treated many others.

I have a great all-purpose diagnosis, and we can start your treatment on that basis.

In childhood you were sexually molested, and if you don't recall it, you've repressed it.

Your family's treatment of you has been vile, and if they won't confess, they're in denial.

Confront them, then break off all contact with them. You must assert your right to be a victim.

Your happy memories must be replaced with memories of how you were debased.

It will take time and lots of cash, but never mind. The first step is to break the family ties that bind.

The memories will come; I have good weapons: Hypnosis, guided imagery, suggestions.

You won't get better right away, of course, and my beliefs will be your sole resource.

When your insurance will no longer pay, and you're cut loose to wobble your own way,

I'll wish you well, but don't expect a handout just because the treatment hasn't panned out.

The manufactured memories are yours to keep, for worthless though they are, they were not cheap.

A mom

Snapshot of the Status of Families in One FMSF Group April 26, 2006

(After a recent meeting in Missouri on April 26, 2006, host Tom Rutherford sent the following note to participants.)

Dear Family:

It was so wonderful to have you in our home last Saturday. We are so thankful for the many people who were there for us during the most horrible time in our lives. Without folks like you, and especially God, we wouldn't have made it. Our daughter Beth wanted to be at the meeting but was called into work early and couldn't get out of the requirement. She sends her greetings along with this letter.

Most if not all expressed an interest in getting the current update on the other families, so I'm sending it to everyone. When I was taking my notes, I wasn't thinking about sending the information so if something is incorrect, please accept my apologies. This is shared in the context of continuing to pray for each other and our precious families.

Us	Son/Daughter	When it started	Update
Family 1	son	1991	A returner and is planning a big family affair which is good, but his siblings have some bitterness.
Family 2	daughter	1990	Nothing has changed from the beginning.
Family 3	daughter	1993	A returner. They have a wonderful relationship today with daughter and her family, but have never talked about it.
Family 4	2 daughters	1982/83	Older daughter does communicate, a marginal returner. Younger daughter stays distant, but 2 months ago she told her mom that she loved her over the phone....23 years of waiting and praying.
Family 5	daughter	1990	Nothing has really changed. Accuser's sister has gotten messed-up in the same kind of therapy.
Family 6	son/daughter	1995	Both daughter and son are distant; nothing has really changed and seemingly is getting worse. Family is currently working on grandparent visitation rights
Family 7	daughter son-in-law	1999	Have had some recent contact with daughter, the first in 5 years. Son-in-law is growing worse. Currently a divorce is in process. Legally working on grandparent visitation rights.
Family 8	daughter	1994	Lost 3 daughters to the sick lie, but 2 have recanted and are restored. The youngest of 9 children still remains distant – nothing really has changed
Family 9	3 daughters	1992	God worked a parade of miracles and by 1995 each daughter slowly returned, recanted and was restored. This is our continued prayer for all of you.

Folks Saturday was a day that we will always remember.

You remain in our hearts.

If Your Alienated Child Would Read Your Letter, What Would You Write?

Dear "L,"

Thirty years ago I was given the greatest birthday gift God has ever delivered...YOU. You were nurtured and loved with all of our hearts. Nothing has changed.

I will never fully understand how anything could so completely separate

and tear us apart. Five and one half years and the shock is still just as painful as in the beginning of this nightmare. As I have prayed for your happiness and well being since the day you were born, I continue to do so. Although you have semi-returned after these five torturous years, you are still so very far away. My fondest wish is to be able to sit with you and discuss your memories with an open heart... the bit-

terness and hatred set aside.

Although dad is gone now, I think I can speak for both of us. Please give me the chance, my darling daughter, to help us heal and do the best we can for the life that is left to us. It is up to us how we live that life and how we share it. I want us to share it as a family.

"L", talk to me. I love you so much.

Love, Mom

Before and After Letters

Before:

Dear Daddy,

I guess I don't get a chance to tell you too often but you're the most wonderful pop in the world! I was sitting in the plane today and heard someone say "Happy Father's Day." I got to thinking how we so seldom get to talk and how I, in my own little world, had forgotten my special man on his special day.

I remember how when I was a child, I wanted to grow up and be just like you. I'm almost a married woman now and I can't be Daddy's little girl anymore. But please could I always be Daddy's big girl? You and Mom are so wonderful to us. I hope that I might give to my children the love you two have given us.

I love you. "D"

After

Dad,

I have spent 45 of my 47 years feeling sad and flawed and shamed and I never understood why. Did you ever wonder what the abuse did to me?

The TRUTH is—my father sexually abused me when I was little—for years, night after horrible night. He did it for his own selfish pleasure. It wasn't my fault. I was a defenseless little girl who loved her Daddy. It was YOUR fault, Dad. I'm not bad. My Dad is bad. You are bad.

In the past nine months I have talked with ministers and therapists and incest survivors and doctors and experts—they all agree—to get well, mentally, physically, emotionally, and spiritually, I have to face the truth!

You are not my family. You are the sperm donor who gave me life. I don't want you ever to touch me again. I am finally leaving home!

I wish I could hate you, Dad. It would be so much easier. But as much as I want to, as angry as I am, as hurt and terrorized as I was, I always loved you. I guess I still do.

"D"

13th International Conference

National Child Abuse Defense & Resource Center

Child Abuse Allegations:

Science vs. Junk Science in the Courtroom

Las Vegas, Nevada

September 28-30, 2006

A conference for attorneys, judges, investigators and other concerned professionals who deal with child abuse cases and who need to keep abreast of the most current medical, scientific, and psychological research, procedures and studies in order to be able to separate fact from fiction, confession from coercion and harm from hyperbole.

Program Includes

Doug Peters, J.D.: *The Winning Edge/The Right Ethics*

Zachary Bravos, J.S.: *The Ethical Duty to Know: Your Education Does Not End with Graduation*

Debra Poole, Ph.D.: *What Competent Interviewing of Children Can and Can't Do (and Why)*

Kamala London, Ph.D.: *Abuse Disclosure: Delay, Denial, and Recantation of Abuse*

F. Edward Yazbak, M.D.: *SBS: Vaccines or Violence*

Loren Pankratz, Ph.D.: *Unexpected Traps in Munchausen Syndrome by Proxy*

Stephen Guertin, M.D.: *Literature Review of Medical Findings Involving Allegations of Child Sexual Abuse*

Kathleen Coyne, J.D.: *Ethical Considerations in the Investigation and Defense of Child Abuse Cases*

Richard Ofshe, Ph.D.: *Coerced and False Confessions: What to do Other Than Getting Depressed or Over the River and through the Woods doing a False Confession Case*

Anthony Shaw, M.D.: *Burns Bruises, Abdominal Injuries - Abuse or Not*

Mark Herbst, M.D., Ph.D.: *Radiological Detection & Dating of Pediatric Injuries*

Ronald Uscinisk, M.D.: *A Primer on Understanding Head Injury: Terms and Basic Comprehension*

Faris Bandak, Ph.D.: *Pediatric Neurotrauma*

Kris Sperry, M.D.: *What Medical Examiners Can & Cannot Do in Suspected Child Abuse Cases*

Piero Rinaldo, M.D.: *Metabolic Disorders Mistaken for Intentional Abuse*

Lori Frasier, M.D.: *Medical Examiners in Child Sexual Abuse: Training Oversight & Limitations*

Phillip Esplin, Ed.D., Jeni Feinberg, J.D. & Lorin Zaner, J.D.: *Common Dilemma and Practical Tips for Representing Your Client*

"Regardless of your trial skills level, child abuse cases are unique among other crimes. Staying current with the medical and psychological research in this specific area is imperative to effectively represent your clients. This is the conference that keeps you current and sharpens your skills."

Barry Scheck, Esq., NY

For registration information

NCADRC, P.O. Box 638, Holland, Ohio 43528

FAX: 419-865-0526

Web Sites of Interest

http://www.theisticsatanism.com/asp/
Against Satanic Panics

comp.ark.edu/~lampinen/read.html
The Lampinen Lab False Memory Reading Group,
University of Arkansas

www.exploratorium.edu/memory/
The Exploratorium Memory Exhibit

www.ctnow.com/memory
Hartford Courant memory series

www.tmdArchives.org
The Memory Debate Archives

www.francefms.com
French language website

www.StopBadTherapy.com
Contains phone numbers of professional
regulatory boards in all 50 states

www.IllinoisFMS.org
Illinois-Wisconsin FMS Society

www.ltech.net/OHIOarmhp
Ohio Group

www.afma.asn.au
Australian False Memory Association

www.bfms.org.uk
British False Memory Society

www.geocities.com/retractor
This site is run by Laura Pasley (retractor)

www.sirs.com/uptonbooks/index.htm
Upton Books

www.angelfire.com/tx/recoveredmemories/
Locate books about FMS
Recovered Memory Bookstore

www.religioustolerance.org/sra.htm
Information about Satanic Ritual Abuse

www.angryparents.net
Parents Against Cruel Therapy

www.geocities.com/newcosanz
New Zealand FMS Group

www.werkgroepwfh.nl
Netherlands FMS Group

www.falseallegation.org
National Child Abuse
Defense & Resource Center

www.nasw.org/users/markp
Excerpts from *Victims of Memory*

www.rickross.com/groups/fsm.html
Ross Institute

www.hopkinsmedicine.org/jhhpsychiatry/
perspec1.htm
Perspectives for Psychiatry
by Paul McHugh

www.enigma.se/info/FFI.htm
FMS in Scandanavia - Janet Hagbom

www.ncrj.org/
National Center for Reason & Justice

www.lyingspirits.com
Skeptical Information on Theophistic Counseling

www.ChildrenInTherapy.org/
Information about Attachment Therapy

www.traumaversterking.nl
English language web site of Dutch retractor.

www.quackwatch.org
This site is run by Stephen Barrett, M.D.

www.stopbadtherapy.org
Contains information about filing complaints.

www.FMSFonline.org
Web site of FMS Foundation.

Legal Web Sites of Interest

- www.caseassist.com
- www.findlaw.com
- www.legalengine.com
- www.accused.com

Elizabeth Loftus

www.seweb.uci.edu/faculty/loftus/

The Rutherford Family Speaks to FMS Families

The DVD made by the Rutherford family is *the* most popular DVD of FMSF families. It covers the complete story from accusation, to retraction and reconciliation. Family members describe the things they did to cope and to help reunite. Of particular interest are Beth Rutherford's comments about what her family did that helped her to retract and return.

Available in DVD format only:
To order send request to
FMSF -DVD, 1955 Locust St.
Philadelphia, PA 19103
\$10.00 per DVD; Canada add \$4.00;
other countries add \$10.00
Make checks payable to FMS
Foundation

Recommended Books

Remembering Trauma

Richard McNally

Science and Pseudoscience in Clinical Psychology

S. O. Lilienfeld, S.J. Lynn, J.M. Lohr (eds.)

Psychology Astray: Fallacies in Studies of "Repressed Memory" and Childhood Trauma

by Harrison G. Pope, Jr., M.D.

ABDUCTED

How People Come to Believe They

Were Kidnapped by Aliens

Susan A. Clancy

Harvard University Press, 2005

A very readable book recommended to all *FMSF Newsletter* readers. Chapter 3, "Why do I have memories if it didn't happen?" will be of particular interest.

In an article in the British press about her research, Clancy wrote:

"We've all been seeing aliens for more than 50 years.... Preparing this article, I showed 25 people a picture of an alien and Tony Blair: all recognized an alien, fewer than half recognized Tony Blair."

"The trick to creating false memories is to get confused between things you imagined, or read, or saw, and things that actually happened."

"For almost all abductees, the seed of their belief is a question.... 'Why did I wake up in the middle of the night terrified and unable to move?' 'Why are these odd moles on my back?' 'Why do I feel so alone?' 'Why am I different from everyone else?' 'Why are my relationships so bad?' Questions generally lead to a search for answers...and our search is limited to the set of explanations we have actually heard of."

"For better or worse, being abducted by aliens has become a culturally available explanation for distress—whether that distress comes from work, relationships or insecurity."

"Many of us have strong emotional needs that have little to do with science—the need to feel less alone in the world, the desire to be special, the longing to know that there is something out there, something bigger and more important than you watching over you."

October 22, 2005, *The Express*, p. 45.



CONTACTS & MEETINGS - UNITED STATES

ALABAMA

See Georgia

ALASKA

Kathleen 907-333-5248

ARIZONA

Phoenix

Pat 480-396-9420

ARKANSAS

Little Rock

Al & Lela 870-363-4368

CALIFORNIA

Sacramento

Jocelyn 530-570-1862

San Francisco & North Bay

Charles 415-984-6626 (am);
415-435-9618 (pm)

San Francisco & South Bay

Eric 408-738-0469

East Bay Area

Judy 925-952-4853

Central Coast

Carole 805-967-8058

Palm Desert

Eileen and Jerry 909-659-9636

Central Orange County

Chris & Alan 949-733-2925

Covina Area

Floyd & Libby 626-357-2750

San Diego Area

Dee 760-439-4630

COLORADO

Colorado Springs

Doris 719-488-9738

CONNECTICUT

S. New England

Earl 203-329-8365 or

Paul 203-458-9173

FLORIDA

Dade/Broward

Madeline 954-966-4FMS

Central Florida - Please call for mtg. time

John & Nancy 352-750-5446

Sarasota

Francis & Sally 941-342-8310

Tampa Bay Area

Bob & Janet 727-856-7091

GEORGIA

Atlanta

Wallie & Jill 770-971-8917

ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)

Eileen 847-985-7693 or

Liz & Roger 847-827-1056

Peoria

Bryant & Lynn 309-674-2767

INDIANA

Indiana Assn. for Responsible Mental

Health Practices

Pat 260-489-9987

Helen 574-753-2779

KANSAS

Wichita - Meeting as called

Pat 785-738-4840

KENTUCKY

Louisville- Last Sun. (MO) @ 2pm

Bob 502-367-1838

LOUISIANA

Sarah 337-235-7656

MAINE

Rumford

Carolyn 207-364-8891

Portland - 4th Sun. (MO)

Wally & Bobby 207-878-9812

MASSACHUSETTS/NEW ENGLAND

Andover - 2nd Sun. (MO) @ 1pm

Frank 978-263-9795

MICHIGAN

Greater Detroit Area

Nancy 248-642-8077

Ann Arbor

Martha 734-439-4055

MINNESOTA

Terry & Collette 507-642-3630

Dan & Joan 651-631-2247

MISSOURI

Kansas City - Meeting as called

Pat 785-738-4840

St. Louis Area - call for meeting time

Karen 314-432-8789

Springfield - Quarterly (4th Sat. of Apr.,

Jul., Oct., Jan.) @12:30pm

Tom 417-753-4878

Roxie 417-781-2058

MONTANA

Lee & Avone 406-443-3189

NEW HAMPSHIRE

Jean 603-772-2269

Mark 802-872-0847

NEW JERSEY

Sally 609-927-5343 (Southern)

Nancy 973-729-1433 (Northern)

NEW MEXICO

Albuquerque - 2nd Sat. (BI-MO) @1 pm

Southwest Room -Presbyterian Hospital

Maggie 505-662-7521(after 6:30pm) or

Sy 505-758-0726

NEW YORK

Westchester, Rockland, etc.

Barbara 914-922-1737

Upstate/Albany Area

Elaine 518-399-5749

NORTH CAROLINA

Susan 704-538-7202

OHIO

Cleveland

Bob & Carole 440-356-4544

OKLAHOMA

Oklahoma City

Dee 405-942-0531 or

Tulsa

Jim 918-582-7363

OREGON

Portland area

Kathy 503-655-1587

PENNSYLVANIA

Harrisburg

Paul & Betty 717-691-7660

Pittsburgh

Rick & Renee 412-563-5509

Montrose

John 570-278-2040

Wayne (includes S. NJ)

Jim & Jo 610-783-0396

TENNESSEE

Nashville

Kate 615-665-1160

TEXAS

Houston

Jo or Beverly 713-464-8970

El Paso

Mary Lou 915-595-3945

UTAH

Keith 801-467-0669

VERMONT

Mark 802-872-0847

WASHINGTON

See Oregon

WISCONSIN

Katie & Leo 414-476-0285 or

Susanne & John 608-427-3686

WYOMING

Alan & Lorinda 307-322-4170

CONTACTS & MEETINGS - INTERNATIONAL

BRITISH COLUMBIA, CANADA

Vancouver & Mainland

Lloyd 250-741-8941

Victoria & Vancouver Island

John 250-721-3219

MANITOBA CANADA

Roma 204-275-5723

ONTARIO, CANADA

London

Adriaan 519-471-6338

Ottawa

Eileen 613-836-3294

Burlington

Ken & Marina 905-637-6030

Waubaushene

Paula 705-543-0318

QUEBEC, CANADA

Chertsey

Mavis 450-882-1480

AUSTRALIA

Evelyn everei@adam.com.au

BELGIUM

werkgr.fict.herinneringen@altavista.net

ISRAEL

FMS ASSOCIATION fax-972-2-625-9282

NEW ZEALAND

Colleen 09-416-7443

SWEDEN

Ake Moller FAX 48-431-217-90

UNITED KINGDOM

The British False Memory Society

Madeline 44-1225 868-682

Deadline for the September/October is August 15. Meeting notices **MUST** be in writing and should be sent no later than **two months before meeting**.

Copyright © 2006 by the FMS Foundation

1955 Locust Street
Philadelphia, PA 19103-5766
Phone: 215-940-1040 Fax: 215-940-1042
mail@FMSFonline.org www.FMSFonline.org
ISSN # 1069-0484
Pamela Freyd, Ph.D., Executive Director

FMSF Scientific and Professional Advisory Board

July 1, 2006

Aaron T. Beck, M.D., D.M.S., University of Pennsylvania, Philadelphia, PA; **Terence W. Campbell, Ph.D.**, Clinical and Forensic Psychology, Sterling Heights, MI; **Rosalind Cartwright, Ph.D.**, Rush Presbyterian St. Lukes Medical Center, Chicago, IL; **Jean Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Loren Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Frederick C. Crews, Ph.D.**, University of California, Berkeley, CA; **Robyn M. Dawes, Ph.D.**, Carnegie Mellon University, Pittsburgh, PA; **David F. Dinges, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Henry C. Ellis, Ph.D.**, University of New Mexico, Albuquerque, NM; **Fred H. Frankel, MBChB, DPM**, Harvard University Medical School; **George K. Ganaway, M.D.**, Emory University of Medicine, Atlanta, GA; **Martin Gardner**, Author, Hendersonville, NC; **Rochel Gelman, Ph.D.**, Rutgers University, New Brunswick, NJ; **Henry Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Lila Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Richard Green, M.D., J.D.**, Charing Cross Hospital, London; **David A. Halperin, M.D.**, (deceased) Mount Sinai School of Medicine, New York, NY; **Ernest Hilgard, Ph.D.**, (deceased) Stanford University, Palo Alto, CA; **John Hochman, M.D.**, UCLA Medical School, Los Angeles, CA; **David S. Holmes, Ph.D.**, University of Kansas, Lawrence, KS; **Philip S. Holzman, Ph.D.**, (deceased) Harvard University, Cambridge, MA; **Robert A. Karlin, Ph.D.**, Rutgers University, New Brunswick, NJ; **Harold Lief, M.D.**, University of Pennsylvania, Philadelphia, PA; **Elizabeth Loftus, Ph.D.**, University of California, Irvine, CA; **Susan L. McElroy, M.D.**, University of Cincinnati, Cincinnati, OH; **Paul McHugh, M.D.**, Johns Hopkins University, Baltimore, MD; **Harold Merskey, D.M.**, University of Western Ontario, London, Canada; **Spencer Harris Morfit**, Author, Westford, MA; **Ulric Neisser, Ph.D.**, Cornell University, Ithaca, NY; **Richard Ofshe, Ph.D.**, University of California, Berkeley, CA; **Emily Carota Orne, B.A.**, University of Pennsylvania, Philadelphia, PA; **Martin Orne, M.D., Ph.D.**, (deceased) University of Pennsylvania, Philadelphia, PA; **Loren Pankratz, Ph.D.**, Oregon Health Sciences University, Portland, OR; **Campbell Perry, Ph.D.**, (deceased) Concordia University, Montreal, Canada; **Michael A. Persinger, Ph.D.**, Laurentian University, Ontario, Canada; **August T. Piper, Jr., M.D.**, Seattle, WA; **Harrison Pope, Jr., M.D.**, Harvard Medical School, Boston, MA; **James Randi**, Author and Magician, Plantation, FL; **Henry L. Roediger, III, Ph.D.**, Washington University, St. Louis, MO; **Carolyn Saari, Ph.D.**, Loyola University, Chicago, IL; **Theodore Sarbin, Ph.D.**, (deceased) University of California, Santa Cruz, CA; **Thomas A. Sebeok, Ph.D.**, (deceased) Indiana University, Bloomington, IN; **Michael A. Simpson, M.R.C.S., L.R.C.P., M.R.C., D.O.M.**, Center for Psychosocial & Traumatic Stress, Pretoria, South Africa; **Margaret Singer, Ph.D.**, (deceased) University of California, Berkeley, CA; **Ralph Slovenco, J.D., Ph.D.**, Wayne State University Law School, Detroit, MI; **Donald Spence, Ph.D.**, Robert Wood Johnson Medical Center, Piscataway, NJ; **Jeffrey Victor, Ph.D.**, Jamestown Community College, Jamestown, NY; **Hollida Wakefield, M.A.**, Institute of Psychological Therapies, Northfield, MN; **Charles A. Weaver, III, Ph.D.**, Baylor University, Waco, TX

Do you have access to e-mail? Send a message to

pjf@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS-News". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 6 times a year by the False Memory Syndrome Foundation. The newsletter is mailed to anyone who contributes at least \$30.00. It is also available at no cost by email (see above) or on the FMSF website: www.FMSFonline.org

Your Contribution Will Help

PLEASE FILL OUT ALL INFORMATION
PLEASE PRINT

Visa: Card # & exp. date: _____

Discover: Card # & exp. date: _____

Mastercard: # & exp. date: _____
(Minimum credit card is \$25)

Check or Money Order: **Payable to FMS Foundation in U.S. dollars**

Signature: _____

Name: _____

Address: _____

State, ZIP (+4) _____

Country: _____

Phone: (_____) _____

Fax: (_____) _____

Thank you for your generosity.